

TO: Connecticut General Assembly, Public Health Committee
FROM: Ellen Kolb, P.O. Box 364, Merrimack NH 03054
DATE: 2/27/2023
RE: S.B. 1076, "an act concerning aid in dying for terminally ill patients"

Members of the Committee,

I write to you from New Hampshire, knowing that this Connecticut bill has implications that cross state lines. I'll be brief, since you will hear from Connecticut residents who will ably argue against S.B. 1076.

I am deeply suspicious of any piece of legislation that refuses to use honest language. The direct intentional ingestion of any substance with the intent of causing one's own death is the act of suicide. Having lost a loved one to that act, I don't use the word casually, but I'm not afraid to use it when it applies. Section 14(d) asks the public to look at suicide and call it something else. As for "aid in dying," that's a nice-sounding term for the act of a medical professional being employed to abet suicide. Why dodge straightforward language?

Any piece of legislation that legalizes what the sponsors of S.B. 1076 call "aid in dying" - which is actually assisted suicide - sends an unmistakable message: your life is only as valuable as you think it is. That's a devastating and false message to send to anyone who's medically vulnerable. Consider how that dehumanizing message might run counter to public health efforts to reduce the incidence of suicide among other populations such as youth, veterans, or elders. Be consistent.

Take time to consider the economic pressures that will be exacerbated by S.B. 1076, with negative effects on medically vulnerable people. To put it bluntly, killing is cheaper than caring. The cost of a lethal dose pursuant to S.B. 1076, even factoring in the cost of any associated medical consultations, is likely to be less than the cost of palliative care or home care at end-of-life. With S.B. 1076's definition of "aid in dying" as "medical practice," third-party payers could benefit from treating assisted suicide as a covered service while limiting coverage for other end-of-life palliative care. Thus, S.B. 1076 is sending another false message: better dead than dependent.

Those two false messages are reason enough to reject S.B. 1076. I urge you to do so.

Thank you.